

Pleasanton Public Library LIBRARY CARD REGISTRATION

Please Print

Name:			
	Last	First	Middle Initial
Mailing Address:			
Ŭ .	Address/P.O. Box		Apartment
	City	State	Zip Code
	(Please provide a physical address on the home address line below, if a P.O. Box is listed)		
Home Telephone:	()	_ Work Telep	phone: ()
E-Mail:			
E-Mail: (Please provide email address if you wish to receive hold, reminder and overdue notices via e-ma Would you also like to receive e-mail announcements of special library events and programs?			
Home Address (If different from above):			
,	,		
PIN (Please provide a four digit Personal Identification Number)			
California Driver's License/ID No			
Year of Birth: Note: California law requires that library registration			
			ation information be strictly confidential.
I AGREE to follow all library rules, to pay promptly all charges for lost and damaged materials and to give			
immediate notice of any change of address or loss of library card. I understand that I am responsible for all materials checked out on this card. The Library has contracted with a collection agency to assist			
in recovering non-returned library materials and unpaid fines. Accounts sent to the collection agency will have a non-refundable \$10.00 service charge added to the balance. Possession of a library card provides			
access to all print and non-print library materials.			
SIGNATURE OF APPLICANT:			
As a parent/legal gr	uardian, I agree to be responsible	e for my child's mat	erial Any restriction of a child's
	e responsibility of the parent/lega		en's Librarians are available to give
PARENT/LEGAL GUARDIAN SIGNATURE:			
			(For under age 14)
California Driver's License or ID of parent/legal guardian:			
FOR OFFICE USE ONLY			
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_ Staff Initials: ___

_ Date: _

Bar Code: 21999_ Updated: 07/1/2017